



Air1 Insurance Services Ltd.

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LIABILITY APPLICATION FORM

<input type="checkbox"/> NEW POLICY
<input type="checkbox"/> RENEWAL POLICY

COMPANY NAME: _____	BUSINESS TEL: _____
CONTACT NAME: _____	BUSINESS FAX: _____
DATE OF BIRTH: _____	
ADDRESS: _____	
	EMAIL: _____

GENERAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

SECTION 1: This section outlines the type of business, the location and basic exposure of your premises/locations.

1. Do you currently have this type of insurance? YES NO

If Yes, please provide: Renewal Date: _____

Current Insurance Company: _____

If No, have you ever carried this Insurance before? YES NO

How did you hear about Air 1 Insurance? _____

Description of Business _____

2. Applicant is: Individual Partnership Corporation Municipality

3. Business of Applicant: *mark all that applies to you*

<input type="checkbox"/> Airport Operator	<input type="checkbox"/> Refueler
<input type="checkbox"/> Commercial Air Service	<input type="checkbox"/> Ramp Service
<input type="checkbox"/> Flying School/Flying Club	<input type="checkbox"/> Aircraft Cleaning
<input type="checkbox"/> Aircraft Maintenance	<input type="checkbox"/> Independent Contractor
<input type="checkbox"/> Aircraft Engine Overhaul	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Aircraft Propeller Overhaul	<input type="checkbox"/> Other, describe: _____
<input type="checkbox"/> Aircraft/Parts Sales	

4. Applicant is: *mark all that applies to you*

<input type="checkbox"/> Airport Owner	<input type="checkbox"/> Operator of Ticket Counter
<input type="checkbox"/> Airport Lessee	<input type="checkbox"/> Off Airport
<input type="checkbox"/> Hangar Owner	<input type="checkbox"/> Other, describe: _____
<input type="checkbox"/> Lessee/Tenant of Hangar	

5. If hangar owner, are you the sole occupant? YES NO

6. Provide details of the hangar(s) you own or occupy.
Note: if you have other aircraft in your care, custody, or control you must complete section 2 of this application.

a. Details of hangar:

	AGE	SIZE	CONSTRUCTION	HEATING	SPRINKLERED	ALARMED
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. Occupants of hangar:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

7. How long has the applicant been in business? _____

8. Number of Aviation Employees: Full Time: _____ Part Time: _____

9. List all Airport Locations:

Occupants of hangar:

Principle Location	_____	Premises Occupied	_____
Additional Locations	_____		_____
	_____		_____
	_____		_____

10. List all *off* Airport Locations:

Principle Location	_____	Premises Occupied	_____
Additional Locations	_____		_____
	_____		_____
	_____		_____

11. List equipment operated airside: *insert the number of vehicles for each applicable category.*

Snow Removal	_____	De-icing Trucks	_____	Escort Vehicles	_____
Grass Cutting	_____	Fuel Trucks	_____	Catering Vehicles	_____
Maintenance Vehicles	_____	Passenger Vehicles	_____	Cargo/Baggage Vehicles	_____
Contractors	_____	Courier Vehicles	_____	Other Vehicles, describe	_____

12. Do you anticipate any construction work on your property in the next 12 months? YES NO

If Yes, the provide details: _____

13. Has the Applicant entered into any written agreements where by the applicant holds harmless and indemnifies others or is held harmless and indemnified by other? YES NO

If Yes, provide copy of agreement.

14. List all claims for the past 5 years including incidents which could result in a claim:

HANGARKEEPERS COVERAGE

SECTION 2: This section should be completed if you in anyway store or have aircraft that you do NOT own but are in your care, custody or control.

1. Provide details of the hangar(s) you own or occupy.

a. Details of hangar:

	AGE	SIZE	CONSTRUCTION	HEATING	SPRINKLERED	ALARMED
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Occupants of hangar: YES NO

If No, please advise of other occupants:

<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
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3. Hangared Aircraft:

Number of third party aircraft that is usually hangared (state number)

	AVERAGE	MAXIMUM
Value of any one aircraft:	\$ _____	\$ _____
Value of all aircraft	\$ _____	\$ _____

4. Aircraft tied down:

Number of third party aircraft that is usually tied down (state number)

	AVERAGE	MAXIMUM
Value of any one aircraft:	\$ _____	\$ _____
Value of all aircraft	\$ _____	\$ _____

5. Are aircraft of others towed or moved? YES NO

6. Describe fire protection facilities:

7. Comments/Notes

PRODUCTS COVERAGE - (excluding Manufacturer's)

SECTION 3: This section should be completed if you work on third party aircraft or sell aircraft or parts or do consulting.

1. Gross Receipts of Applicant	Past 12 Months	Estimated next 12 months
Labour from routine maintenance	\$ _____	\$ _____
Labour from airframe repair/overhaul	\$ _____	\$ _____
Labour from engine repair/overhaul	\$ _____	\$ _____
Labour from propeller repair/overhaul	\$ _____	\$ _____
Labour from avionics repair/overhaul	\$ _____	\$ _____
All parts installed	\$ _____	\$ _____
New parts not installed	\$ _____	\$ _____
Used parts not installed	\$ _____	\$ _____
Avionic sales not install	\$ _____	\$ _____
Painting operations	\$ _____	\$ _____
New aircraft sales	\$ _____	\$ _____
Used aircraft sales	\$ _____	\$ _____
Fuel & Lubricants	\$ _____	\$ _____
Consulting	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Describe: _____		

2. Describe types of aircraft usually worked upon:

Single Engine Piston	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Twin Engine Piston	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Turbine	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Small Jet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Large Jet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Floatplanes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Helicopter	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

3. Percentage of Fixed Wing Gross Receipts: _____ %

Percentage of Rotary Wing Gross Receipts: _____ %

4. Details of principal Engineers:

	NAME	AGE	TYPE OF LICENSE	YRS OF EXPERIENCE	YRS EMPLOYEED	ANY CLAIMS
1.						<input type="checkbox"/> YES <input type="checkbox"/> NO
2.						<input type="checkbox"/> YES <input type="checkbox"/> NO
3.						<input type="checkbox"/> YES <input type="checkbox"/> NO
4.						<input type="checkbox"/> YES <input type="checkbox"/> NO
5.						<input type="checkbox"/> YES <input type="checkbox"/> NO

If Yes to claims in 4 above, please provide details on a separate piece of paper.

AIRPORT/HELIPORT COVERAGE

SECTION 4: To be completed by Airport owners or if you lease an airport or if you are responsible for an airport.

1. Description of Airport:

	Runway	Construction	Length	Width
1.				
2.				
3.				
4.				

2. Is the airport fenced? YES NO

3. Is there an Airport Manager? YES NO

If Yes, WHO employs the manager? _____

4. Is there a fire station located at the airport? _____

If No, then how far is it from the airport? YES NO

5. What emergency equipment is located at the airport? _____

6. Does applicant maintain an air crash emergency plan? YES NO

7. Is the airport used at night? YES NO

8. Is the airport operational during the winter months? YES NO

9. If yes, do you provide snow clearing maintenance? YES NO

If No to 9, who does? _____

Do you insist that this contractor carry insurance? YES NO

10. Do you provide grass cutting & general maintenance? YES NO

If No to 10, who does? _____

Do you insist that this contractor carry insurance? YES NO

11. Air traffic is: Controlled by a tower YES NO

Handled by Unicom YES NO

Uncontrolled YES NO

12. Number of aircraft based at this airport: _____

13. Largest Aircraft regularly used at this airport: _____

14. Types of Scheduled aircraft servicing this airport?

Operator	Aircraft	Frequency
_____	_____	_____
_____	_____	_____

15. Number of annual aircraft movements?

Scheduled Operators: _____

General Aviation: _____

16. Does Applicant host or sponsor any airshows? YES NO

CONTRACTORS COVERAGE

SECTION 4: To be completed by applicants that have specific contracts at airports which do NOT directly involve aircraft.

1. Type of contract:			Past 12 Months Gross Receipts	Next 12 Months Gross Receipts
a. Snow Removal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	\$ _____
b. Grass Cutting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	\$ _____
c. Runway/Taxiway Maintenance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	\$ _____
d. Building Construction/Alteration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	\$ _____
e. Fuel Deliveries (Not to airport)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	\$ _____
f. Cargo/Courier warehouse pick up	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	\$ _____
g. Escort Vehicles	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	\$ _____
h. Electrical Work	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	\$ _____
i. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____	\$ _____

2. Describe Contract fully. (Type of duties, etc)

3. How many years experience does the applicant have providing this type of *airport* service? _____

4. Is the work performed on an annual basis? YES NO
 If No, please advise the short term period: _____ Months

5. Does the contract require a specific period for completed operations cover? YES NO
 If Yes, please advise the period _____ Months

6. Do you subcontract part of the contract? YES NO
 If Yes, are the subcontractors required to be protected by the applicant? YES NO
 If No, do you require subcontractors to carry their own insurance? YES NO

7. What safety precautions are taken during the work? _____

8. When will the work be performed?

Entirely during airport operational hours YES NO

Partly during airport operational hours YES NO

Not during airport operational hours YES NO

RAMP SERVICE COVERAGE

SECTION 6 (A): This section should be completed if you provide any services to a third party aircraft for preparation of a flight.

1. Type of contract:			Past 12 Months Gross Receipts	Next 12 Months Gross Receipts
a. Loading/unloading of pax baggage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	
b. Loading/unloading of cargo	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	
c. Marshalling	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	
d. De-icing	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	
e. Towing	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	
f. Power Starts	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	
g. Fuelling – complete section 6(b)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	
h. Other (Describe):	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	

2. Advise frequency of services:	Piston/Turbo Prop	Jet Aircraft
	Weekly	Weekly
	_____	_____
	_____	_____
	_____	_____
	_____	_____

3. Types of aircraft serviced	Piston/Turbo Prop	Jet Aircraft
	_____	_____
	_____	_____
	_____	_____
	_____	_____

4. List the principal operators:
1. _____
2. _____
3. _____
4. _____

5. How many years experience does the applicant have in providing the type of <u>aviation</u> service?	_____ Yrs.
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FUELLING COVERAGE

SECTION 6 (B): This section should be completed if you provide fuel to third party aircraft.

1.	The Applicant fuels by:			
	Fuel Truck		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Gas Pump		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Other means		<input type="checkbox"/> YES	<input type="checkbox"/> NO

2.	Are fuel tanks:			
	Above ground?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Below ground?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

3.	Type of fuel:			
	Av Gas		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Jet Fuel		<input type="checkbox"/> YES	<input type="checkbox"/> NO

4.	Types of aircraft usually fuelled:			
	Pistons		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Turbines		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Small Jets		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Large Jets		<input type="checkbox"/> YES	<input type="checkbox"/> NO

5.	Annual Sales	Gross Receipts	Litres Pumped
	Past 12 Months	Av Gas \$ _____	_____
		Jet Fuel \$ _____	_____
		Gross Receipts	Litres Pumped
	Next 12 Months	Av Gas \$ _____	_____
		Jet Fuel \$ _____	_____

6.	List the principal customers:	
	1.	_____
	2.	_____
	3.	_____

7.	Is fuelling of an aircraft always performed by your employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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8.	Are you responsible for fuel testing and quality assurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If not, who is? _____	

9.	Is there any training program in fuel handling and aircraft fuel procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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10.	Is there a fire station located at the airport?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If No, then how far from the airport?	
	What emergency equipment is located at the airport? _____	

MANUFACTURERS COVERAGE

SECTION 7: This section should be completed if you manufacture any items relating to the aviation industry.

1. Describe all products manufactured:

2. Gross Receipts of Applicant:

	Past 12 Months	Estimated Next 12 Months
General Aviation Fixed Wing	\$ _____	\$ _____
General Aviation Helicopters	\$ _____	\$ _____
Commuter Airlines	\$ _____	\$ _____
Major Airline	\$ _____	\$ _____
Military Aircraft	\$ _____	\$ _____
Spacecraft/Satellites	\$ _____	\$ _____
Other (describe below)	\$ _____	\$ _____

3. Is a brochure of the applicant issued? (If yes, please attach a copy to application)

YES NO

4. Attach all copies of any warranties provided.

YES NO

5. Describe quality control procedures of Applicant(s) or Applicant's external manufacturers:

6. State current principal customers and percentage of sales for each

	Country	Percentage
a. _____	_____	_____ %
b. _____	_____	_____ %
c. _____	_____	_____ %
d. _____	_____	_____ %

7. List any discontinued products for which coverage is required:

8 What portion of the products are manufactured or assembled by an outside company or manufactured by the applicant to the specifications of others?

Product	Manufactured by co	Manufactured by insd	%
a. _____	_____	_____	____%
b. _____	_____	_____	____%
c. _____	_____	_____	____%
d. _____	_____	_____	____%

9. Describe the potential of all the products.

9. Has any product ever been subject to any recall by the applicant or others subject to any Airworthiness Directive? If yes, please provide details. YES NO

10 List all claims for the past 10 years including incidents which could result in a claim:

Date of Loss	Description	Amount	Insurer (if applicable)

SECTION 8: This section outlines the coverages you require and confirms to us the statements you have made in this application as being correct.

Are there any further details or comments the Applicant would like to state to describe the operations. YES NO

COVERAGE LIMITS

The Coverages required for quotation purposes are as follows:

Coverages	Limit Each Occurrence
a. Airport or Premises Property & Operations	\$ _____
- Extension for Tenants Legal Liability	\$ _____
b. Hangarkeeper's Liability - Limit Each Aircraft: \$ _____	\$ _____
c. Products of Manufacturing Coverage	\$ _____
d. Contractors Coverage – combines (a) and (c)	\$ _____
e. Fuelling – combines (a), (b), and (c)	\$ _____
An annual aggregate limit applies to (c)	

Has any Insurer ever cancelled, declined, or refused to renew this type of insurance? YES NO

If yes, provide details:

TERMS & CONDITIONS:

By submitting your application, you acknowledge that you have read all information contained within this application and that if a policy is issued you agree to be bound by them. The applicant hereby warrants and represent that all statements and answers to questions made above and attachments hereto are true and that the applicant has not omitted or misrepresented the information. **COVERAGE, IF OFFERED, MAY BE RENDERED VOID IF THERE ARE ANY MISREPRESENTATIONS.**

The applicant understands and agrees that the completion of this application does not bind Air 1 Insurance Services Ltd to the issuance of an insurance policy, or to so with imposing conditions, limitations and exclusions. This application and all attachments to it will become part of and are the legally binding basis of any policy issued.

We are committed to providing our clients with excellent service. Doing business with an insurance broker involves providing information about yourself, so protection of your personal information is one of our highest priorities. Our brokerage—and the insurance industry—have a solid track record of respecting your right to privacy and safeguarding your personal information. As a result of federal and provincial legislation, we've further strengthened our privacy commitment by informing you of why and how we collect, use, and disclose your personal information. You can be assured that we'll only handle your personal information in a manner that a reasonable person would consider appropriate in the circumstances.

Your Coverage will only be in effect after you have received a written quotation from Air 1 Insurance Services Ltd, once you have reviewed the offer of insurance and wish to proceed with coverage you must sign and return the quote acceptance form to our office at the number below. Once the acceptance form is received a Certificate of Insurance will be issued confirming coverage is in place. **NO COVERAGE SHALL BE DEEMED TO BE IN FORCE UNTIL YOU HAVE RECEIVED WRITTEN CONFIRMATION FROM OUR OFFICE.**

I / We declare that the statements and declarations given are true and that no information has been withheld that might influence the acceptance of this proposed insurance. I/We agree that the statements and declarations given above and signed by me shall be the basis of my contract between me and the insurance company. This application does not commit Air 1 Insurance Services Ltd to any liability nor make the applicant liable for any premium unless the insurance company agrees in writing that coverage has been bound.

Name of broker: _____ Telephone: _____

Signature of Applicant: X Date Signed: _____

Phone Number: _____ Mobile: _____ Best Time To Call: _____ AM PM

AIR 1 INSURANCE SERVICES LTD.

TOLL FREE: 1-888-917-1177 / Within Vancouver, BC Area: 604-460-8787